

Work Permit BC1705053 Building - Commercial

Status: Issued Date: 4/18/2018
Site Address: 5775 COLLINS AVE Applied: 08/21/2017
Parcel #: 0232110070100 Issued: 04/18/2018
Expiration Date: 10/15/2018
Total Job Value: \$600,000.00 PIN: 41591
Contractor: WINMAR CONSTRUCTION, INC CGC060294
5959 BLUE LAGOON DR
SUITE# 100 MIAMI, FL
Owner: MIAMI BEACH ASSOCIATES
LLC
1450 BRICKELL AVE 1560
MIAMI, FL 33131
Description: TOTAL DEMO OF MULTI FAMILY RESIDENTIAL STRUCTURE BY CONVENTIONAL
METHODS. NO LONGER USING THE IMPLOSION METHOD
Inspector Area: Class Code: R2

Statement of Work	Quantity	Total Fee
Training/Technology Fee - Building	12,000.00	\$720.00
Sanitation Surcharges	600,000.00	\$1,500.00
MDC Compliance Fee	600,000.00	\$360.00
Permit Fee - Building Department	9,600.00	\$9,600.00
Florida Building Code - DBPR Fee	120.00	\$120.00
Florida Building Code Admin and Inspector Fund	12,000.00	\$180.00
Permit 20% Initial Charge - Building	12,000.00	\$2,400.00
Construction Parking Management Plan (CPMP)	0.00	\$144.00
Total of All Fees:		\$15,024.00
Total of All Payments:		\$15,024.00
Balance Due:		\$0.00

Permit Application

Building Department

1700 Convention Center Drive, 2nd Floor

Miami Beach, Florida 33139

Telephone: 305-673-7610; Fax: 305-673-7857

<http://www.miamibeachfl.gov/building/>

Applicant Information (Blue or Black Ink Only)			
Office Use Only		Parcel / Folio Number:	
Submittal Date: _____		02-3211-007-0100	
Permit #: <u>RC1705053</u>			
Property Address: <u>5715 COLLINS AVE</u>		Unit #: _____	Master Permit Number (If applicable): _____
		Violation # (If applicable): _____	
Permit Type (select one)		Permit Request (select all that apply)	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Phased Permit		<input checked="" type="checkbox"/> Demo year built <u>1969</u> <input type="checkbox"/> Generator <input type="checkbox"/> Special Event <input type="checkbox"/> Fire <input checked="" type="checkbox"/> New Permit <input type="checkbox"/> Change of Contractor <input type="checkbox"/> Change of Architect/Engineer <input type="checkbox"/> LEED <input type="checkbox"/> Permit Extension <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Use <input type="checkbox"/> Private Provider <input type="checkbox"/> City Project	
Property Information (select one)		Occupancy Classification:	
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Residential: Single-Family Residential or Duplex			
New Construction/Addition		Alteration/Reconfiguration of Space	
Total Value: <u>\$600,000</u>		Square Footage: _____	
Value of Work: \$ _____			
Description of Work: <u>Total DEMOLITION of multi family residential structure by conventional method. No longer using the implosion method.</u>			
Property Owner		Contractor	
Name: <u>MIAMI BEACH ASSOCIATES</u>		Name: <u>WINMAR CONSTRUCTION</u>	
Address: <u>1450 BRICELL AVE</u> Suite: <u>1560</u>		Address: <u>5151 BLUE LAGOON DR</u> Suite: <u>100</u>	
City: <u>MIAMI</u> State: <u>FL</u> Zip Code: <u>33131</u>		City: <u>MIAMI</u> State: <u>FL</u> Zip Code: <u>33126</u>	
Driver's License/State Identification Number: _____		State Identification Number/License: <u>CGC 060294</u>	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address: <u>LEO@WINMARCONSTRUCTION.COM</u> Daytime phone: _____	
Architect		Structural Engineer	
Name: _____ License Number: _____		Name: _____ License Number: _____	
E-Mail Address: _____ Daytime phone: _____		E-Mail Address: _____ Daytime phone: _____	
Notice & Certification			
<p>This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a separate permit must be secured for Electrical, Elevator, Fire, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, Air Conditioners, etc.</p> <p>Owner's Affidavit: I certify that all the foregoing information is correct. Owner Certifies that the aforementioned Contractor has the authorization to perform the work as specified above.</p> <p>Lessee's Affidavit: Lessee certifies that he has full consent and authorization from owner of subject property to perform the above mentioned work and to hire above captioned contractor.</p> <p>In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as: the Environmental Division of Miami-Dade County; Permitting, Environment and Regulatory Affairs, Water & Sewer Department, Department of Environmental Protection, South Florida Water Management District, Miami-Dade County Impact Fee, water management districts, state agencies, and/or federal agencies.</p> <p>Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or Certificate of Occupancy.</p>			
OWNER'S ELECTRONIC SUBMISSION STATEMENT: Under penalty of perjury, I declare that all the information contained in this permit application is true and correct.			
<input type="checkbox"/> Owner/Lessee for new permits (Documentation establishing ownership may be requested) <input type="checkbox"/> Master Permit Contractor of Record (For sub-permit / change of contractor)			
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT IS REQUIRED FOR ANY WORK WITH COST EXCEEDING \$2,500.00.			
Signature of Owner/Agent or GC (for Sub-permits): _____		Signature of Qualifier: _____	
PRINT NAME: <u>MARCELO KINGSTON</u>		PRINT NAME: <u>LUIS A. LEON</u>	
STATE OF FLORIDA MIAMI-DADE COUNTY		STATE OF FLORIDA MIAMI-DADE COUNTY	
Sworn to and subscribed before me this <u>9th</u> day of <u>April</u> , 20 <u>18</u>		Sworn to and subscribed before me this <u>6th</u> day of <u>April</u> , 20 <u>18</u>	
by <u>MARCELO KINGSTON</u>		by <u>LUIS A. LEON</u>	
Signature of Notary Public: _____		Signature of Notary Public: _____	
Print Name: <u>Cecilia De Zarreaga</u>		Print Name: <u>MIRNA COSTA</u>	
(SEAL) Personally known or Produced Identification		(SEAL) Personally known or Produced Identification	
Notary Public State of Florida Cecilia M De Zarreaga My Commission GG-199408 Expires 02/22/2022		Notary Public State of Florida Mirna Costa My Commission FF-190004 Expires 01/14/2019	

Florida Department of State

DIVISION OF CORPORATIONS

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Florida Limited Liability Company
MIAMI BEACH ASSOCIATES LLC.

Filing Information

Document Number L15000147135
FEI/EIN Number 47-5183332
Date Filed 08/27/2015
State FL
Status ACTIVE

Principal Address

1450 BRICKELL AVENUE
SUITE 1560
MIAMI, FL 33131

Changed: 05/05/2016

Mailing Address

1450 BRICKELL AVENUE
SUITE 1560
MIAMI, FL 33131

Changed: 05/05/2016

Registered Agent Name & Address

CORPORATION COMPANY OF MIAMI
200 S. BISCAYNE BLVD.
SUITE 4100 (LAD)
MIAMI, FL 33131

Name Changed: 05/05/2016

Address Changed: 05/05/2016

Authorized Person(s) Detail**Name & Address**

Title MANAGER

KINGSTON, MARCELO
1450 BRICKELL AVENUE
SUITE 1560
MIAMI, FL 33131

Title MANAGER

GENTON PEIXOTO, RICARDO

1450 BRICKELL AVENUE

SUITE 1560

MIAMI, FL 33131

Annual Reports

Report Year	Filed Date
2017	01/23/2017
2017	11/29/2017
2018	02/28/2018

Document Images

<u>02/28/2018 -- ANNUAL REPORT</u>	View Image in PDF format
<u>11/29/2017 -- AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>01/23/2017 -- ANNUAL REPORT</u>	View image in PDF format
<u>05/05/2016 -- AMENDED ANNUAL REPORT</u>	View image in PDF format
<u>04/26/2016 -- ANNUAL REPORT</u>	View image in PDF format
<u>08/27/2015 -- Florida Limited Liability</u>	View image in PDF format

Florida Department of State, Division of Corporations